

KAUAI DISTRICT HEALTH OFFICE
ENVIRONMENTAL HEALTH SECTION - SANITATION
3040 UMI STREET
LIHUE, HI 96766
TELEPHONE NUMBER: (808) 241-3323

FAX: (808) 241-3566

STATE OF HAWAII
DEPARTMENT OF HEALTH
www.health.hawaii.gov

APPLICATION FOR FOOD ESTABLISHMENT PERMIT
(Please type or print in blue or black ink)

| | | | |
|---|--|--|-----------------|
| ESTABLISHMENT NAME (dba) | | | |
| ESTABLISHMENT LOCATION ADDRESS | | | |
| STREET: _____ | | | |
| CITY: _____ | | ZIP CODE: _____ | |
| OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other) | | | |
| EST. PHONE #: _____ | | OTHER PHONE #: _____ | |
| MAILING ADDRESS (If different from establishment location address) | | | |
| ATTN: _____ | | | |
| STREET: _____ | | | |
| CITY: _____ | | STATE: _____ | ZIP CODE: _____ |
| E-MAIL ADDRESS (Optional) | | | |
| I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 50, "FOOD SAFETY CODE," AND AFTER ISSUANCE, THE PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER. | | | |
| _____ DATE | | _____ SIGNATURE OF OWNER/AGENT OF AUTHORITY | |
| _____ PHONE # OF OWNER/AGENT OF AUTHORITY | | _____ PRINT NAME | _____ TITLE |
| (OFFICIAL USE ONLY) FEE AMOUNT: _____ ESTABLISHMENT TYPE NUMBER: _____ RISK CATEGORY: _____ (Non-Refundable) | | | |
| Payable to: STATE OF HAWAII | | | |
| Submit application and fee to: KAUAI DISTRICT HEALTH OFFICE ENVIRONMENTAL HEALTH SECTION - SANITATION 3040 UMI STREET LIHUE, HI 96766 | | | |
| THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK. | | | |

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

| | | | | | | |
|--------------------------------|---------------------------------------|---|----------------|-------------------------------|----------------------|---------------|
| FLOOR AREA (IN SQ. FT.): _____ | | TAX MAP KEY: _____ | ZONE: _____ | SECTION: _____ | PLAT: _____ | PARCEL: _____ |
| CIRCLE APPLICABLE OPERATIONS: | | | | | | |
| 1) RECEIVING | 3) HOT STORAGE | 5) TRANSPORTATION | 7) REHEATING | | | |
| 2) COLD STORAGE | 4) THERMAL PROCESSING | 6) COOLING | 8) DISPLAY | | | |
| Fee Paid | Date Paid | Method of Payment | | Receipt No. | Received By | |
| APPROVED BY: _____ | | | | | | |
| _____ Date | | _____ Signature of Agent/Dept. of Health | | | _____ Sandistrict | |
| PERMIT NO.: _____ | | | | EXPIRATION DATE: _____ | | |
| CHECKED: SU _____ | CLERICAL INPUT: (PRE-OP/ CLOSE) _____ | (OP/ OPEN) _____ | SCANNED: _____ | | | |

Table 7-1 ANNUAL AND RENEWAL PERMIT FEES SCHEDULE

| FOOD ESTABLISHMENT TYPE | s.f. ¹ (size) | RISK CATEGORY | ANNUAL/ RENEWAL FEE |
|---|-----------------------------|------------------|------------------------|
| 1. Catering | - | 1 | \$400 |
| 2. Catering | - | 2 | \$300 |
| 3. Catering | - | 3 | \$200 |
| 4. Convenience store | ≤1,000 | 1 | \$300 |
| 5. Convenience store | ≤1,000 | 2 | \$200 |
| 6. Convenience store | ≤1,000 | 3 | \$100 |
| 7. Food Manufacturer - small | ≤1,000 | 1 | \$300 |
| 8. Food Manufacturer - small | ≤1,000 | 2 | \$200 |
| 9. Food Manufacturer - small | ≤1,000 | 3 | \$100 |
| 10. Food Manufacturer - large | >1,000 | 1 | \$400 |
| 11. Food Manufacturer - large | >1,000 | 2 | \$300 |
| 12. Food Manufacturer - large | >1,000 | 3 | \$200 |
| 13. Food Warehouse - small | ≤1,000 | - | \$100 |
| 14. Food Warehouse - large | >1,000 | - | \$300 |
| 15. Hotel Main Kitchen/ Banquet/Convention | - | 1 | \$600 |
| 16. Hotel Main Kitchen/ Banquet/Convention | - | 2 | \$500 |
| 17. High Risk Institutional Kitchens (pre-schools, elementary schools, hospitals, other high-risk populations) | - | 1 | \$400 |
| 18. Institutional Kitchens (schools, adult/child day care facilities, prisons, etc.) | - | 1 | \$400 |
| 19. Institutional Kitchens (schools, adult/child day care facilities, prisons, etc.) | - | 2 | \$300 |
| 20. Institutional Kitchens (schools, adult/child day care facilities, prisons, etc.) | - | 3 | \$100 |
| 21. Market - small | ≤1,000 | 1 | \$300 |
| 22. Market - small | ≤1,000 | 2 | \$200 |
| 23. Market - small | ≤1,000 | 3 | \$100 |
| 24. Market - large | >1,000 | 1 | \$400 |
| 25. Market - large | >1,000 | 2 | \$300 |
| 26. Market - large | >1,000 | 3 | \$200 |
| 27. Mobile Lunchwagons, Trailers, Boats | - | 1 | \$300 |
| 28. Mobile Lunchwagons, Trailers, Boats | - | 2 | \$200 |
| 29. Mobile Lunchwagons, Trailers, Boats | - | 3 | \$100 |
| 30. Mobile Push Cart | - | 1 | \$150 |
| 31. Mobile Push Cart | - | 2 | \$100 |
| 32. Mobile Push Cart | - | 3 | \$50 |
| 33. Mobile Unit Support Kitchen | - | 1 | \$300 |
| 34. Mobile Unit Support Kitchen | - | 2 | \$200 |
| 35. Mobile Unit Support Kitchen | - | 3 | \$100 |
| 36. Restaurant - small | ≤1,000 | 1 | \$300 |
| 37. Restaurant - small | ≤1,000 | 2 | \$200 |
| 38. Restaurant - small | ≤1,000 | 3 | \$100 |
| 39. Restaurant - large | >1,000 | 1 | \$400 |
| 40. Restaurant - large | >1,000 | 2 | \$300 |
| 41. Restaurant - large | >1,000 | 3 | \$200 |
| 42. Service Area - limited food prep | - | - | \$100 |
| 43. Service Area - no food prep | - | - | \$50 |
| 44. Any Food Establishment used only to prepare or serve food to the homeless without compensation, consideration, or donation by the person or persons being served | - | - | \$0 |